

| | |
|--|--------|
| Name: | |
| Address: | |
| Phone: | Fax: |
| E-mail: | |
| Contact Person filling out our survey: | Phone: |

MODALITY:

Outpatient Drug Free
 Daycare Habilitative
 Narcotic Treatment Program
 Outpatient Detoxification
 Residential Treatment
 Transitional Living Center

Average Length of Stay

Less than 1 month
 1-3 months
 4-6 months
 More than 6 months

Percentage of women completing program _____

METHOD OF APPROACH:

Social Model
 Therapeutic Community
 Clinical
 Medical Model

CHILDREN'S SERVICES:

Provided on Site: (mark all that apply)

Length of Program

Less than 1 month
 1-3 months
 4-6 months
 More than 6 months
 Other: _____

Unique number of women admitted in 2003 _____

Unique number of children admitted in 2003 _____

Age of children served ____ to ____

Child care
 Licensed child care
 Cooperative child care
 Play activity only
 Child therapist
 Family therapist
 Group therapy with focused goals
 Gender specific services
 Assessment/screening done on child _____
 Children's services funded by the program OR
 Another Agency (Please List)

 Other: _____

PROGRAM STAFFING REQUIREMENTS

Marriage & Family Therapist
Alcohol & Drug Certification
MSW
LCSW
Intern
Former Client
Other: _____

ONGOING TRAINING FOR STAFF:

Training Providers: (mark all that apply)

Special Certified Speakers
Women's Technical Assistance
Contract
Ancillary Service Agencies
Program Staff
Continuing Education Unit
Providers
Other

Training Topics: (mark all that apply)

Child Development
Cultural Competence
Domestic Violence
Anger Management
Trauma
Sexual Harassment
Child Abuse Prevention
Other: _____

PRIMARY MEDICAL CARE:

Provided on Site: (mark all that apply)

Birth Coaching
Family Planning
Smoking Cessation
Birthing Classes
Breastfeeding Information
Sexually Transmitted Disease
Education and Prevention
Dental Services
Immunizations
OB/GYN
Transportation to/from
appointments
Early Start Services
WIC Nutritional Program
Other _____

Refer Out: (mark all that apply)

Birth Coaching
Family Planning
Smoking Cessation
Birthing Classes
Breastfeeding Information
Sexually Transmitted Disease
Education and Prevention
Dental Services
Immunizations
OB/GYN
Transportation to/from
appointments
Early Start Services
WIC Nutritional Program
Other: _____

EDUCATION FOR CLIENTS:

Provided on Site: (mark all that apply)

Financial
Health
Nutrition
Life Skills
Exercise
GED
Baby care and well-being
Vocational Skills
Parenting
How to select daycare
Child Development
Anger Management
Other

Refer Out: (mark all that apply)

Financial
Health
Nutrition
Life Skills
Exercise
GED
Baby care and well-being
Vocational Skills
Parenting
How to select daycare
Child Development
Anger Management
Other

Please describe other educational components your program provides:

FUNDING SOURCES:

Client Fees
CSAT Grants
County
WIC
Food Stamps
Donations
SACPA
Other Grants
Proposition 10 Funds
TANF
Other funding sources: (Please list)

ASSESSMENT TOOLS:

Addiction Severity Index (ASI)
Michigan Screening (MAST)
Substance Abuse Relapse Assessment (SARA)
Drug Abuse Screening Test
CAGE
Chemical Dependency Assessment
American Society of Addiction Medicine Patient Placement Criteria Second Revision (ASAM-PPC-2R)
Other: (Please list) _____

THERAPEUTIC SERVICES:

Provided on Site: (mark all that apply)

Emergency psychiatric care
12-Step Meetings
Detox
Conflict Resolution
Parenting Intervention
Relationship Skills
Couples Counseling
Family Therapy
Child Discipline
Group Therapy
Individual Counseling
Mental Health Services
Trauma Treatment
Mentor/Mentee program with alumni
Recreational Therapy
Community Resources
Post Traumatic Stress Disorder
Other: _____

Refer Out: (mark all that apply)

Emergency psychiatric care
12-Step Meetings
Detox
Conflict Resolution
Parenting Intervention
Relationship Skills
Couples Counseling
Family Therapy
Child Discipline
Group Therapy
Individual Counseling
Mental Health Services
Trauma Treatment
Mentor/Mentee program with alumni

Recreational Therapy
Community Resources
Post Traumatic Stress Disorder

Other: _____

DISCHARGE PLANNING AND AFTERCARE SERVICES:

Housing
Dental
Medical
Child Care
CalWORKs
Integration into Community
Employment Services
Clothing
School
Transportation
Spiritual Services
On-going Counseling
Medi-Cal
Mental Health
Child Welfare
Services/Reunification
Mentor/Mentee Program

Aftercare services provided for:

3 months
6 months
12 months

Other aftercare services: _____

One of the purposes of this survey is to highlight outstanding programs on our Perinatal Webpage. Please describe any innovative and creative services you provide to clients.

